



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

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Governor

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November 01, 2006

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**RE: Dental Policy Clarification**

Dear Kentucky Medicaid Provider:

This letter is being sent as a clarification of dental policy implemented in the ***Dental Regulations 907 KAR 1:026E, Dental Services and 907 KAR 1:626E, Reimbursement of Dental Services.*** To view these regulations, please visit the Department for Medicaid Services (DMS) website at [www.chfs.ky.gov/dms/current.htm](http://www.chfs.ky.gov/dms/current.htm).

Effective July 1, 2006, for members under twenty-one (21) years of age, two prophylaxis will be allowed per twelve-month period per member.

Effective August 15, 2006, the reimbursement rate for most of the CDT codes were increased for members under twenty-one (21) years of age.

Effective September 30, 2006:

- Debridement code (D4355) added for pregnant women only and limited to one per pregnancy.  
Note: Claims submitted for D4355 to EDS will have to reflect the diagnosis of pregnancy for processing.
- X-ray benefits will be limited per member, per provider.
- Members twenty-one (21) years of age and older are limited to one non-emergency dental visit per calendar month, per member, per provider.
- For members under twenty-one (21) years of age, an additional Comprehensive Oral Evaluation (D0150) will be allowed if in conjunction with a covered prophylaxis.

Please see reverse side

- Coverage for a limited oral evaluation (D0140) shall be limited to a trauma related injury or acute infection and shall pay in conjunction with:
  1. A periapical x-ray
  2. Bitewing x-ray
  3. Panoramic x-ray
  4. Resin, anterior
  5. A simple or surgical extraction
  6. Surgical removal of a residual tooth root
  7. Removal of a foreign body
  8. Suture of a recent small wound
  9. Intravenous sedation; and
  10. Incision and drainage of infection

DMS is currently reviewing the possibility of implementing a dental home. Members will be assigned a dental provider to manage their dental care. The Department will update you as the plan develops.

For more information, please utilize the following avenues:

**Claims Billing:** EDS  
(800) 807-1232

**Member Plans &  
Service Limitations:** Automated Voice Response System (AVRS)  
(800) 807-1301  
[www.chfs.ky.gov/dms/kyhealthchoices.htm](http://www.chfs.ky.gov/dms/kyhealthchoices.htm).

**Dental Fee Schedule:** <http://chs.ky.gov/dms/fee.htm>

Should you have questions regarding dental policies, please contact the DMS Physicians and Specialty Services Branch at (502) 564-2687.

Sincerely,



Glenn Jennings  
Commissioner

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